Congresswoman Stephanie Murphy
Statement as Prepared for Delivery
Ways and Means Committee
Hearing on H.R. 3 and Other Policies to Improve Medicare Benefits
October 17, 2019

Thank you, Mr. Chairman. And thanks to the witnesses for your testimony and your endurance.

As some of my colleagues have done, I want to put a human face on the issue of prescription drugs. It's important to keep reminding ourselves that this issue may involve complex policy and complex politics, but at its core it's about people.

People like Sandra from my district. I told her story at a hearing back in February. She's a 66-year-old retiree in Orlando who worked hard her whole life. She's on Medicare and her only income is from Social Security—about twelve hundred dollars a month. These aren't handouts. She paid into these programs for years.

Sandra has diabetes. Her medications used to cost $100 a month at the pharmacy counter. Not long ago, for reasons she can't explain and that nobody explained to her, the cost tripled to $300 a month. As a result, Sandra can no longer afford to pay for both her medicine and her food and housing expenses. So she stopped taking her medicine.

Despite her age, Sandra tried to go back to work to earn more income so she could afford the medicine again. However, because she's not taking the medicine she needs, she's too sick to work. Recently, she has been hospitalized multiple times. That's terrible for Sandra and it's expensive for federal taxpayers.

We live in the greatest country on earth, which is why it's so upsetting that I hear stories like Sandra's all the time. I hear them from old people and young people. I hear them from folks on Medicare and folks with private insurance. I hear them from constituents with cancer, heart disease, mental health struggles, and countless other health conditions.

When these men and women come up to me, some of them are angry and frustrated—deeply discouraged by a drug pricing system they don't really understand and that seems to defy rational explanation. But most of them are just sad and worried. It's not enough for me to offer them sympathetic words, because sympathy doesn't help them or their loved ones afford the drug they need. As their representative in Congress, I owe them action.

And that's why I am so glad we are taking action on H.R. 3—with this hearing today and a markup in the coming days. I don't think the bill's perfect. I don't think it's the bill that will end up on the President's desk to be signed into law. But I think it's a serious effort to tackle a serious problem.

This bill is aimed at one player in the drug supply chain—drug-makers. Let me make two points crystal clear.

First, I have said before, and I want to reiterate now, that Congress needs to require every player in the supply chain to make improvements within their own spheres, from drug-makers, to insurance companies, to PBMs. Everyone needs to be part of the solution for it be effective and enduring. So this bill should be just one element of a larger legislative effort.

Second, I have little patience for people who vilify the biopharmaceutical sector. There are some bad actors, no doubt, as there are in every line of business. But there are many more good actors. Companies whose workers devote their days to making medicines that improve lives, extend lives, and save lives.

We should pass strong legislation to ensure patients can afford the amazing drugs these companies make, but we should never take these companies for granted. If we do, we do so at our own peril.

Dr. Miller: I apologize if I am asking you to repeat yourself, but I want to tackle head-on the main argument that has been made against this bill, which is that it could stifle innovation. In plain terms, tell me why you think this bill can lower drug costs, as it will clearly do, without compromising the ability or will of companies to keep making the drugs they already make and to bring exciting new drugs to market.